



MAY. 17. 2005 3:00PM

BMS PATENT DEPT

NO. 2124 P. 2

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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23914 7590 02/18/2005

STEPHEN B. DAVIS  
BRISTOL-MYERS SQUIBB COMPANY  
PATENT DEPARTMENT  
P O BOX 4000  
PRINCETON, NJ 08543-4000

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Paul D. Golian

(Depositor's name)

(Signature)

5/17/05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/885,827	06/20/2001	Mark E. Salvati	LD0290(NP)	4381

TITLE OF INVENTION: METHOD FOR THE TREATMENT OF A CONDITION REMEDIABLE BY ADMINISTRATION OF A SELECTIVE ANDROGEN RECEPTOR MODULATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/18/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SMTTH, CAROLYN L	1631	436-064000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Paul D. Golian

2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bristol-Myers Squibb Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Princeton, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 5/17/05

Typed or printed name Paul D. Golian

Registration No. 42,591

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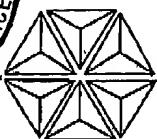
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Bristol-Myers Squibb Company  
Patent Department

**FACSIMILE TRANSMITTAL SHEET**

TO: USPTO – Issue Fee Branch

FAX NO.: 1-703-746-4000

FROM: Paul D. Golian

TELEPHONE NO.: 609-252-4091

FACSIMILE NO.: (609) 252-4526

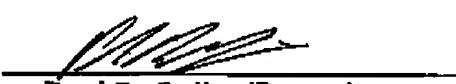
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RE: U.S. Application Serial No. 09/885,827  
Attorney Docket No. LD0250(NP)

Number of Pages: 3 (including cover sheet)

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Paul D. Golian/Depositor

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